

ments, for the moment, regardless of the salary, but solely with the view of acquiring experience, and in the hope of getting an introduction into private practice. On the other hand, there are established practitioners who take the appointments at any salary, sooner than let them fall into the hands of, and give a footing to, the young adventurers, who might, in time, out of such a beginning, become their too successful competitors in private practice.

Such men, in the one case or in the other, have no right to complain, yet they are scarcely settled in office, when they begin to grumble, and, as was the case at the Hanover-square-rooms, the vials of their wrath are poured forth most abundantly on the devoted heads of the pinch-pauper guardians. The guardians, it must be admitted, incompetent as they are to fix a scale of remuneration for the Union-doctors, are not free from moral guilt in this business. They see clearly enough the motives of the competing candidates, and sordidly take advantage of them, playing the one party off against the other. This is, to say the least of it, very reprehensible, for the commissioners and the guardians must know, judging from the main-springs of human actions, that when the doctor is insufficiently paid, the pauper-patient must in one way or another be the sufferer. This, in fact, was admitted, avowed, and by no one contradicted, at the late convocation at Hanover-square.

It is now established beyond a doubt, that a grievance and a loud crying evil do exist in the medical department of the new Poor Law. The question, then, is, what is the remedy for this evil? whence is it to come? who is to apply it? From the guardians, the doctors say that there is nothing to be expected. From the commissioners, just as little. I venture to say that neither the commissioners nor the guardians know how to devise a remedy. Who, then, does? Why, medical men themselves; but, strange to say, often and vehemently as they complain, it has never entered into their heads to do this. The resolutions passed at the Hanover-square Rooms do nothing towards so desirable an end. A committee has been appointed, with various instructions, but it has not been referred to that committee to collect the necessary evidence, and settle upon a scale or scales of remuneration adapted to town and country practice respectively. Without agreeing upon such scales it is utterly useless to memorialize the commissioners or the Secretary of State. These functionaries would say, 'Gentlemen, you do not state exactly what you want, and, therefore, we cannot help you.'

Let the poor-law medical officers agree upon such scales of remuneration, and then approach the commissioners and the Secretary of State with memorials signed by all the Union surgeons, declaratory of their inability to do justice to the poor, without injury to themselves, for less than that remuneration. Above all, let them go to Parliament with petitions to the same purport, and similarly signed. The fixing upon such scales of remuneration would, at all events, have a great moral influence, but the probability is, that it would lead to legislative enactments that would settle the question definitely and satisfactorily.

In arranging such scales of remuneration much useful information could be derived from the dispensary system, as respects the cost of drugs and medical appliances for every thousand, or for every hundred, or for any given number of cases. It would be well to enter into such statistics, and adduce such evidence to meet any objections that might be made to the statements of Union surgeons, as coming from parties too deeply interested. The probable cost of medicines for any given number of cases being once settled upon, it would be easy to regulate the payment for the purely professional services of the medical attendant, which would of course be less in great cities and towns, where the duty lay within a narrow compass, than in rural districts, more extended, with greater distances between the residences of the patients.

When I inform you that I passed twelve years of the most active part of my life in dispensary and parochial practice, you will admit that I have had ample opportunities of forming an opinion upon this very important subject; and perhaps you will think, as I do myself, that at this trying crisis I am morally bound to express it.

When I was engaged in parochial practice as surgeon to the parish of St. Pancras, in this metropolis, then containing a population of one hundred and twenty thousand souls, the medical officers had nothing to do with supplying the medicines to the patients. There was, at the workhouse, a dispensary, and a medical assistant resided there to dispense the medicines, and distribute them to the patients, as prescribed by the physician and surgeon.

It has been always my opinion, that if the same system were

practicable in the new unions, it would be the best. Soon after I resigned the office I held, that system was abolished, the physician denied a salary, and the whole medical establishment broken up *as too expensive*. The poor have been ever since *farmed out*, and it has been found the *cheaper* way.

If every Union workhouse were in a central position, such a system might be advantageously established, and it would, in the aggregate, be less troublesome to the poor to send to the Union for the medicines prescribed, than to the houses of the medical attendants. *In any case there ought to be a medical attendant for every parish*. One for a whole Union would be insufficient, even if all his time were given, exclusively, to the Union practice.

London, 1848.

THE FATAL CHLOROFORM CASE AT NEWCASTLE.

To the Editor of THE LANCET.

SIR,—The recent fatal case of inhalation of chloroform appears to confirm in a melancholy manner the remarks contained in my paper in *THE LANCET* of the 12th instant, respecting the danger arising from the cumulative property of the agent when administered on a handkerchief. The alarming symptoms came on after the cloth with chloroform was removed from the patient's face. Some of Dr. Simpson's observations on this case confirm the view I have taken. He says—"I have seen in a few cases such a blanched state of the lips and features come on, under the use of very powerful and deep doses of chloroform, simulating syncope, and with the respiration temporarily suspended." It may be presumed, that the cases Dr. Simpson has seen were under his immediate superintendence; and this makes the danger still more evident; for if any one could prevent his patient from getting into a state which cannot be looked on otherwise than as one of imminent peril, it would be the authority who introduced the agent, and recommended this method of its administration.

On January 10th, two days after I read the remarks at the Westminster Medical Society, respecting the effects of chloroform increasing after the inhalation was left off, M. Sédillot related, in the Academy of Sciences of Paris, that he had observed the pallor, smallness of pulse, feebleness of respiration, and coldness, to augment in an alarming manner after the employment of the chloroform had been discontinued. His observations were reported in the *Gazette Médicale* of January 15th.

I agree with Dr. Simpson, that it was not advisable to give brandy, or even water—the more so, as I do not think with him that there was syncope; but that these liquids caused suffocation, filling up the pharynx, and being partially drawn into the larynx, seems improbable. This question, however, can be only determined by those who observed the symptoms at the time of death, and the nature of the froth found in the bronchi afterwards, as there is nothing in the reported evidence of the appearances on dissection which might not be caused by the kind of asphyxia liable to be induced when the effects of chloroform are carried too far; and these appearances are quite incompatible with Dr. Simpson's supposition that there was syncope. Preventing the recovery from syncope would not cause the state of the heart and lungs, which is characteristic of the opposite kind of death—that by asphyxia. In a certain number of those who are drowned, the heart and lungs are not congested, but the contrary, and it is believed by medical jurists, that those persons have fainted on falling into the water.—I remain, Sir, your obedient servant,

Frith-street, Soho.

JOHN SNOW.

THE ALLEGED DEATH FROM CHLOROFORM AT NEWCASTLE.

To the Editor of THE LANCET.

SIR,—For the sake of science, humanity, and justice, I am glad to observe Dr. Simpson's able and triumphant reply to the pathological verdict of the jury in the case of the girl Greener. I am glad also to observe the manly tone of *THE LANCET* in supporting Dr. Simpson's views, and vindicating the cause of truth. Dr. Simpson had a painful duty to perform, but he came boldly forward, and put the case on a proper footing, for which he well deserves the thanks of the profession.

In my humble opinion, however, Dr. Simpson has omitted some points of importance. The medical report states, "there was congestion of the brain, of the lungs, of the liver, of the kidneys, and of the spleen." Now, by what medical logic was the cause of death fixed on "congestion of the lungs"? Why,